

Exhibit E

LIFE CARE PLAN

For

MICHAEL LATELY

Prepared By:

Kate Smith BSN, RN, CNLCP, LCP-C

August 22, 2023

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MICHAEL LATELY

Date of Birth: December 20, 1955

Date of Injury: June 27, 2020

Date of Assessment: July 24, 2023

Date of Report: August 22, 2023

Diagnoses: Motor Vehicle Crash; Incomplete C4 Quadriplegia Status Post C3 to C5 Decompression and Fusion; Moderate Traumatic Brain Injury; Central Cord Syndrome; Neurogenic Bowel; Neurogenic Bladder; Blood Loss Anemia; Hypotension from Quadriplegia; Orbital Wall Fracture; Acute Respiratory Failure; Dysphagia; Cognitive Impairment; Spastic Quadriplegia; Depression; Protein Calorie Malnutrition; Gait Abnormality; Urinary Tract Infection; Kidney Stones; Acute Urinary Retention; Pressure Ulcer of Sacral Region; Insomnia; Cervical Myelopathy; C2 ASIA C Spinal Cord Injury; Contractures; Spasticity; Chronic Pain; Chronic Neuropathic Pain; Deconditioning

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LIFE CARE PLAN

Michael Lately is a 67 year old male referred for a Life Care Plan by Florence Murray, attorney at law. The purpose of this evaluation is to address the extent to which deficits resulting from the above diagnoses impact Mr. Lately's future medical care, activities of daily living, and independent living needs. From this assessment, I have developed a Life Care Plan that outlines Mr. Lately's future care needs and associated costs.

ABOUT LIFE CARE PLANNING

The International Academy of Life Care Planners (IALCP)/International Association of Rehabilitation Professionals (IARP) defines a Life Care Plan as a dynamic document based upon standards of practice, comprehensive assessment, data analysis and research, which provides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or have chronic health care needs. The development of an individualized plan of care has always been considered an integral part of the medical and rehabilitation process. This type of plan has historically been used by multiple disciplines. Rehabilitation professionals have created a rehabilitation plan. Nurses developed a nursing care plan. Physicians defined a medical treatment plan, and other professionals developed plans specific to their practice. An integrated plan that includes all disciplines and specific costs of care has become an increasingly important aspect of the health care process due to rapid growth in medical technology and an increased emphasis on the cost of care. Life Care Planning is a transdisciplinary specialty practice. Each profession brings to the process of Life Care Planning practice standards which must be adhered to by the individual professional, and these standards remain applicable while the practitioner engages in life care planning activities. Each professional works within specific standards of practice and regulatory requirements for his or her discipline to ensure accountability, provide direction, and mandate responsibility for the standards for which he or she is accountable. These standards include, but are not limited to, activities related to quality of care, qualifications, collaboration, law, ethics, advocacy, resource utilization, and research. In addition, each individual practitioner is responsible for following the Standards of Practice for Life Care Planners. The Life Care Plan is a document that provides accurate and timely information which can be followed by the evaluatee and relevant parties. It is a detailed document that can serve as a lifelong guide to assist in the delivery of health care services.

The nursing process is the foundation of developing the nursing care plan. The nursing process includes an assessment, nursing diagnosis, plan of care, and implementation, as well as evaluation of the plan of care. Nurse Life Care Planners also use the nursing process as the foundation to formulate a plan of care entitled a Nurse Life Care Plan. The Nurse Life Care Planner initiates the nursing process by reviewing medical records to understand the course of medical treatment, complications, outcomes and conducts a nursing assessment using a holistic approach with the client/family/caregiver to understand present symptoms, limitations, activities of daily living, psychosocial aspects, and family dynamics. The Nurse Life Care Planner then identifies an appropriate nursing diagnosis to describe the client's individual needs. When applicable, a collaborative approach is used with other health care providers when determining these needs. Research is also performed to determine long-term outcomes/complications, costs, and maintenance/replacement frequency of recommended medical and non-medical needs.

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The Nurse Life Care Plan is specific to the individual and is intended to follow the client throughout his or her lifetime to ensure funds will be available to properly care for the client. The costs for medical care are obtained through actual and potential healthcare providers and national databases with a geographical zip code modifier. Other costs are obtained through research with suppliers, facilities, pharmacies, and other resources. Where applicable, costs are obtained from various vendors, and the reasonable base cost is listed in the Nurse Life Care Plan. The costs included in the Nurse Life Care Plan are based on today's dollars. No provision has been made for future inflation, and an economist should be considered. The costs have been rounded down to the nearest dollar. The Nurse Life Care Plan should be reviewed/updated when there are significant changes to the medical condition.

This Life Care Plan report will comment on Mr. Lately's past medical treatment and outcomes, current medical status and treatment regimen, and future medical recommendations with associated costs related to the motor vehicle accident on June 27, 2020. Recommendations included in this Life Care Plan report are based on a reasonable degree of certainty in an effort to manage symptoms, reduce complications and secondary diagnosis, maintain functioning, and optimize independence throughout Mr. Lately's lifespan. The recommendations are gathered from information provided by medical providers, Mr. Lately and his wife, Christine Lately, evidenced based practices, as well as knowledge and experience from this Life Care Planner. This Life Care Plan report is being submitted with the understanding additional information may be received from the providers. The Life Care Plan recommendations may or may not be subject to change with review of the additional medical information from the providers. Prior to court appearance, consideration will be given to any changes in Mr. Lately's condition and this Life Care Plan will be revised as needed. This Life Care Planner met with Mr. Lately on July 24, 2023, at his home at 1168 West Main Street, Apartment 5, Bellevue Ohio, 44811. Present for the examination was Marc Orlando, MD who also performed an examination, Michael Lately, his wife Christine Lately, and his home health aide Katie. Mr. Lately's nurse, Abbie, stopped by for a short period of time. The assessment started at 11:00am and lasted approximately one and a half hours. Prior to the assessment, on July 22, 2023, this Life Care Planner spoke to Ms. Lately over the phone for one hour to complete the Life Care Plan Assessment Questionnaire. This Life Care Planner spoke to Mr. and Mrs. Lately in a follow up phone call on August 14, 2023, for approximately 15 minutes.

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RECORDS REVIEWED

Independent Medical Examination Report, Marc Orlando, MD	07/24/23
Life Care Plan Assessment Questionnaire	07/22/23
The Bellevue Hospital	02/04/23
Med1Care Findlay	10/4/21-01/27/23
The Bellevue Hospital Rehabilitation Services	10/11/21-01/12/23
Advanced Neurologic Associates, Inc. (Records and Billing)	04/26/21-01/05/23
ProHealth Physicians Group	05/13/21-10/07/22
Ohioans Home Healthcare	12/11/20-07/30/22
Firelands Regional Medical Center	12/13/20-04/20/22
Day in the Life Video, Michael Lately	02/01/21
Firelands Physician Group	12/03/20-01/14/21
Defiance Healthcare & Rehabilitation	11/19/20-12/10/20
Mary Free Bed Rehabilitation Hospital	10/27/20-11/19/20
TwilightGardens Nursing & Rehabilitation	09/22/20-10/27/20
Cleveland Clinic Rehabilitation Hospital, Avon	07/14/20-09/22/20
Mercy Health	06/28/20-07/14/20
Sandusky County EMS	06/28/20
911 call	06/27/20
Traffic Crash Report	06/27/20
Photos of vehicle	
Complaint	06/27/22

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MEDICAL BACKGROUND

Michael Lately had no past medical history aside from bullet fragment remains from his left hip when he was 19 years old. He had no past surgical history. He did not take any medications on a regular basis and was independent in all activities of daily living, mobility, driving and working full time prior to the motor vehicle accident.

On June 27, 2020, at approximately 11:40pm, Mr. Lately was the restrained driver involved in a motor vehicle crash on I-80 where he struck a semi-tractor that was reported to be traveling 15 miles per hour in a single lane within a construction zone. Mr. Lately had disabling damage to his Chrysler 300, was trapped, and required extrication from his vehicle due to the major damage and intrusion of the vehicle in all compartments. Sandusky County EMS noted on scene that Mr. Lately had an initial Glasgow Coma Scale ("GCS") of 11. He initially complained he couldn't feel his legs and had no purposeful movement in his lower extremities. His initial blood pressure was 53/42. His initial assessment was noted as altered mental status as he was only able to be aroused by painful stimuli. He had a laceration to his head. He had shallow respirations and diminished breath sounds. He was intubated due to a GCS less than 8 and was transferred to Mercy Health Emergency Department.

Mr. Lately remained hospitalized at Mercy Health from June 28, 2020, until July 14, 2020. He initially arrived to the Emergency Department and was admitted to the surgical intensive care unit. A head CT was obtained and revealed a right orbital floor blow-out fracture. A CT cervical spine showed no acute abnormality; developmentally small spinal canal with multilevel disc protrusions causing mild to moderate cord flattening. An MRI of the cervical spine revealed severe canal stenosis at C3 and C4, in part due to short pedicles; signal abnormality within the central aspect of the cord spanning a length of approximately 3.4 cm; severe degenerative neural foraminal stenosis from C3-4 to C4-5. A thoracic MRI was unremarkable and lumbar MRI revealed degenerative disc disease and moderate neural foraminal stenosis. Neurosurgery was consulted for the abnormal MRI findings. Mr. Lately was unable to move all four extremities spontaneously but was blinking eyes to answer questions. He was noted to have 1/5 strength in his upper extremities and 0/5 to his lower extremities. He was noted as a C3/4 cord contusion with ASIA A. He went emergently to the operating room for a laminectomy C3, C4, C5 with posterior cervical fixation with lateral mass screws C3, C4, C5, and posterolateral arthrodesis C3-5 by Zubair Ahammad, DO. He remained intubated postoperatively and was transferred back to the ICU. Mr. Lately was extubated on July 1, 2020, and his diet was advanced. Physical medicine and rehabilitation ("PM&R") was consulted. PM&R noted mild cognitive deficits characterized by impaired delayed recall and mild agitation. Ophthalmology was consulted for complaints of double or blurry vision since the MVA and he was instructed to follow up outpatient. Mr. Lately was transferred out of the ICU and eventually discharged to acute rehabilitation on July 14, 2020.

Mr. Lately was in acute rehabilitation at Cleveland Clinic Rehabilitation Hospital, Avon from July 14, 2020 until September 22, 2020. He received physical, occupational, and speech therapy. He was noted to be a total feed and a total assist for all ADLs/IADLs. He was noted to have impaired memory, decreased safety awareness or impaired judgement, and decreased awareness of deficits. He had decreased sitting balance and core strength and endurance. It was noted that prior to the accident he was working full time driving a tow motor and enjoyed golf and martial arts. He initially had no active muscle contraction in his lower extremities with the exception of bilateral quadriceps at 3-5. He was having spasms in his bilateral lower extremities. A Hoyer lift was being used by staff for transfers to and from the bed and wheelchair. He had a power wheelchair but was unable to use the joystick for propulsion due to his

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decreased upper extremity and finger activation. Speech therapy noted that Mr. Lately reported a little change in his cognitive linguistic functioning, however his daughter noted significant change in functioning, reporting he had slow thinking and really bad memory. He had occasional word finding deficits but expressive language was otherwise within functional limits. He became easily irritated when challenged. It was noted he had a cognitive communication disorder. He was started on anti-spasmodic medications, pain management medications, a bowel program, and bladder program involving intermittent straight catheterizations every four hours. He was noted to have changing emotions, from cooperative and friendly to irritable and angry, anxious, accusatory and at times argumentative. He had episodes of orthostatic hypotension requiring medications. He developed a sacral pressure ulcer and wound care was consulted. Podiatry was consulted for nail trimming and he was advised on ongoing care and following up with podiatry after being discharged.

A modified barium swallow study was completed on September 1, 2020 and recommended regular diet with thin liquids and pills crushed in pureed, with a one to one assist due to cognitive or motor deficits. Therapy suspected some degree of esophageal dysphagia and noted he may benefit with follow up with GI if problems persisted. Mr. Lately remained stable throughout his rehabilitation course without major medical conditions. He did have a urinary tract infection, an episode of chest pain which with a negative workup and had a sacral wound. He remained limited in all transfers requiring a Hoyer lift due to decreased core strength and muscle spasms. He was able to propel his wheelchair with use of goalpost joystick with good safety. He was a total assist of two people for bed mobility. He had significant pain in his upper and lower extremities with muscle spasms.

His barriers included pain, strength limitation, motor control deficits, spasticity, decreased patient compliance, balance deficits, diminished endurance, lack of family support, tone deficits, mild cognitive deficits with mild difficulty with recall and complex problem solving, range of motion limitations, tone deficits, and impaired skin integrity. He remained a total assist for toileting and dressing, Hoyer lift transfer with two people, moderate assist with feeding with universal cuff, and maximal assist for bathing. Medications at discharge included Tylenol as needed, cream, artificial tears as needed, baclofen every eight hours, suppository as needed, Colace, Iovenox, Pepcid, Florinef, Flonase, Neurontin, nebulizer, lidocaine patch for left knee, melatonin as needed, midodrine, multivitamin, Zofran and oxycodone as needed, miralax, Senokot, terazosin, thiamine, tizanidine, eye drops, trazadone, and venlafaxine. His discharge diagnoses included:

- Traumatic C4 incomplete quad status post C3-5 decompression and fusion
- Moderate traumatic brain injury
- Central cord syndrome
- Right orbit fracture
- Hypotension from quadriplegia
- Acute respiratory failure status post trach
- Dysphagia
- Cognitive impairment
- Spastic quadriplegia lower extremities>upper extremities
- Depression
- Cognitive impairment from traumatic brain injury
- Neurogenic bladder
- Neurogenic bowel
- Anemia
- Protein calorie malnutrition

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- Gait abnormality
- Urinary tract infection
- Orthostatic hypotension
- Conjunctivitis
- Depression
- Iatrogenic supine hypertension with orthostatic hypotension

Mr. Lately was discharged to Twilight Gardens Nursing and Rehabilitation skilled nursing facility on September 22, 2020.

Mr. Lately remained at Twilight Gardens Nursing & Rehabilitation nursing facility from September 22, 2020, until October 27, 2020 for continued rehabilitation. He had a urinary tract infection and a sacral ulcer. Mr. Lately requested to be transferred to another facility in Michigan for acute rehabilitation and was transferred to Mary Free Bed Rehabilitation Hospital on October 27, 2020.

Mr. Lately remained at Mary Free Rehabilitation Hospital from October 27, 2020 until November 19, 2020. It was noted Mr. Lately was not happy with the care he received at the Gardens and presented with significant complications of spasticity. His tone was severely increased. He had significant pain with range of motion. He was reported as a C2 ASIA C spinal cord injury. Mr. Lately reported he was voiding on his own however he was unlikely voiding safely and will require urodynamic studies. It was noted he may need to consider a baclofen pump. Pain management, bowel and bladder program was initiated. Wound care was consulted.

Mr. Lately continued rehab at Defiance Healthcare and Rehabilitation from November 19, 2020 until December 10, 2020 when he was then discharged home to his wife's house with Ohioans Home Healthcare. He had an indwelling foley catheter.

Mr. Lately received extensive home health care including skilled nursing, physical therapy, occupational therapy, and home health aide from December 2020 until present. His wife, Christine, had trouble caring for him as she wasn't strong enough to assist in his daily and ongoing care. He continued to need maximal assist for transfers and ADLs/IADLs, ongoing wound care issues, and had limited movement with rigidity and stiffness. Physical therapy noted he was dependent with grooming, upper and lower body dressing, bathing, toileting, transferring, ambulation, feeding and eating, light meal prep, transportation, laundry, housekeeping, and shopping. He required assistance to use the telephone. Ms. Lately was overwhelmed with his care, and their children could only assist once in a while. Christine returned to work. He had increasing spasms and stiffness. He had an ongoing pressure ulcer to his sacrum. He had several urinary tract infections requiring antibiotics.

On December 27, 2020, Mr. Lately went to Firelands Regional Medical Center Emergency Department for left sided flank pain. He was diagnosed with kidney stone, acute urinary tract infection, and acute urinary retention. A foley catheter was placed. He was given an enema for significant constipation noted on CT scan. He was discharged home via EMS with an antibiotic prescription and told to follow up with urology and primary care. A repeat urinalysis was obtained on January 13, 2021 and was positive for urinary tract infection.

On January 14, 2021, Mr. Lately saw Thomas Conley, DO in the office. His pain was not adequately controlled and his gabapentin was increased. He was to follow up in four months.

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On February 11, 2021, a urinalysis was positive for a urinary tract infection.

On April 26, 2021, Mr. Lately saw Christopher Hassett, DO, with Advanced Neurologic Associates, Inc. as a referral from Dr. Conley. He noted Mr. Lately was a poor historian. Assessments included cervical myelopathy and spasticity. He noted significant spasticity and reported he would be an ideal candidate for Botox therapy. Mr. Lately was referred to Dr. Danner for Botox consult and instructed to follow up in one month.

On May 11, 2021, Mr. Lately saw Nicole Danner, DO with Advanced Neurologic Associates, Inc. for spasticity and Botox consult. It was noted he was doing some home exercises but not as much as he should. He was in a wheelchair but could take some steps with a walker and assistance. She recommended Botox injections.

On May 13, 2021, Mr. Lately had a telemedicine visit with Brittney Goldi, APRN, ProHealth Physician Group for a primary care consult. It was noted his weakness had improved over time with therapy and he was able to walk with assistance and walker. He had neurogenic bladder and required a condom catheter. He had muscle spasms that had gotten worse over time. He was on gabapentin, muscle relaxers and trazadone and the spasms were still uncontrolled. He was noted to have a chronic pressure ulcer on his coccyx that he was getting home dressing changes for that appeared to be getting worse per Mr. Lately and his nurse. A wound care referral was placed. A follow up appointment on July 5, 2021 noted blisters on Mr. Lately's stomach and abdominal swelling and elbow pain. His elbow x-ray revealed posttraumatic and degenerative changes.

Mr. Lately went to Firelands Regional Medical Center Wound Center for his sacral pressure ulcer.

Mr. Lately had a urinary tract infection on July 16, 2021.

On August 24, 2021, Mr. Lately followed up with Christopher Hassett, DO, Advanced Neurologic Associates, Inc. Botox was still awaiting approval from insurance. He still was having horrible spasms in his legs and stiffness in his arms. His baclofen was increased.

On October 29, 2021, Mr. Lately had Botox injections into his bilateral upper extremities with Nicole Danner, DO.

On January 28, 2022, Mr. Lately had repeat Botox injections at a higher dose in attempt to better control his spasticity. A total of 300 units were injected into his bilateral upper extremities.

Mr. Lately had a urinary tract infection on April 5, 2022 and May 3, 2022.

Mr. Lately saw wound care for approximately one month related to his stage 3 chronic sacral pressure ulcer that was noted to tend to open and close throughout the years. It was noted he was unable to move or reposition himself, and an overlay would be beneficial. Wound care instructions were given. His ulcer was noted as healed in May 2022.

Mr. Lately underwent extensive outpatient physical and occupational therapy from July 18, 2022 until January 2023. It was noted he was living in his own home alone with a home health aide that was supposed to be coming for four hours per day, but they were in short supply and he was often

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scheduled for less. He had family to help the remainder of the time. Occupational therapy noted that Mr. Lately was unable to care for himself and more in home help was recommended. He was spending most of the day in the hospital bed. He was using a condom catheter and briefs for bowel movements. He was noted to have significant hand, wrist, and elbow tightness and contractures that limited his abilities with ADLs. He had approximately 26 outpatient occupational therapy visits. He noted to have some slight improvement with his range of motion in a few areas and a slight decline in others but overall, he had improved from his evaluation. He was discharged from occupational therapy in November 2022. Mr. Lately had improved with ambulation and was able to walk up to 100 feet with platform walker with maximal assist to move fingers to place on platform rails and moderate assist of two people. He had less foot drag after he had received his Botox injections.

On September 21, 2022, Mr. Lately followed up with Christopher Hassett, DO. He was still having horrible spasms in his legs and arm stiffness but had some improvement with walking with physical and occupational therapy. He was to follow up in four months.

On September 27, 2022, Mr. Lately followed up with Nicole Danner, DO. Mr. Lately reported he did notice some loosening in his muscles with the Botox and wants to continue. He had forgotten to make the last Botox appointment so it had been since January and he was having more spasms. He had a total of 350 units of Botox injected to his bilateral upper extremities and his left lower extremity on October 6, 2022.

On October 7, 2022, Mr. Lately saw Gloria Johns, DO for a primary care visit. Mr. Lately was reporting abdominal pain and a bulge when laying down. Assessment included a ventral hernia and he was recommended to be evaluated by general surgery to discuss.

On November 28, 2022, a CT abdomen/pelvis revealed a 15mm obstructing UVJ stone (ureterovesical junction obstruction) and bilateral nephrolithiasis.

On January 5, 2023, Mr. Lately followed up with Nicole Danner, DO. It was noted that Mr. Lately had unrealistic expectations as he believed the injections would return him back to normal. A total of 400 units was injected into the left upper and left lower extremity in order to compare the difference in sides.

The following day, Mr. Lately had an outpatient physical therapy appointment. Mr. Lately was reporting leg spasms at least three to four times daily. He had a home health aide who came Monday through Friday but they sometimes didn't show up. Standing and pivoting was hard to do for Ms. Lately but she tried to do every day after work. Mr. Lately ambulated 102 feet with assistance which was his best ever done at one time. He was a maximal assist to move his fingers to place on the platform rails but a minimal assist to move his shoulders and elbows into position. He had less dragging of his left lower extremity after the Botox the day before. He ambulated another 62 feet with rolling walker with foot drag and fatigue the last 20 feet. He was a moderate assist of two with sit to stand transfers. He was a maximal assist for sit to supine for trunk and lower extremities. Assessment noted he had improved gait performance with light boots on and after Botox the day before.

A KUB obtained on January 13, 2023 noted bilateral nephrolithiasis containing large stones.

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On February 4, 2023, Mr. Lately went to the Bellevue Hospital Emergency Department for chest pain. It was believed to be related to muscular pain and he was discharged home. Impression was chest wall pain.

CURRENT STATUS

Michael Lately is 5 feet 10 inches tall and weighs approximately 165 pounds. He reports he got as low as 151 pounds after the accident and is now back to around his pre accident weight. As previously noted, Mr. Lately was independent in all aspects of life including activities of daily living, mobility, driving and working before the motor vehicle accident. He had no past medical or surgical history aside from a bullet wound to his left thigh. He has no known allergies.

Since the motor vehicle accident on June 27, 2020, Mr. Lately continues to suffer long term effects and deficits that inhibit his functional abilities.

Mr. Lately does wear reading glasses but they were lost in the accident. He is missing his front teeth. He wears bilateral hearing aids although he mostly wears one in his left ear only. He is right hand dominant. He was able to initial the HIPAA release form with his right hand. He required assistance with placement of the pen in his hand and adjustments as needed as well as placing the paper in the correct spot for him to sign.

Mr. Lately continues to have ongoing issues with his sacral wound. Mr. Lately's buttocks is flat and atrophied with discoloration from healed old pressure ulcers. He has a stage 3 decubitus ulcer that is $\frac{1}{2}$ cm deep and requires packing. Mr. Lately has numerous tattoos on his upper extremities, bilateral pectoralis, and posterior neck. He has a small skin tear from his right nephrostomy tube, and a left nephrostomy tube site that is covered with a dressing that is clean, dry and intact. Mr. and Ms. Lately report ulcers, range of motion symptoms, itching that is improved, and temperature regulation issues. He notes he likes to be hot.

Mr. Lately denies any issues with swallowing. He is on a regular diet. He is able to feed himself some finger foods when placed in front of him, but the majority of his oral intake is fed to him. He is unable to meal prep, cook, or clean up. He is unable to reach out and grab a cup of liquid and return to his mouth.

Mr. Lately experiences constant pain. He rates it at an 8 out of 10 and it is all over pain from his head to his toes. It is worse with movement. He has severe spasms. Nothing makes it better and he reports he doesn't like to take pain pills because they upset his stomach. He reports he had swelling in his feet that are better. He has stiffness, contractures, and bad muscle cramps and spasms. He notes that it was recommended that he have a baclofen pump but he denied it at the time. It seems that he denied this due to feeling like the hospital was forcing him to get one and reports they tried to discharge him and wanted him out when he said no. Mr. Lately has right sided headaches. He reports numbness in his hands and his feet and has a pins and needles sensation from the neck down.

Mr. Lately reports that he still gets chest pain every now and then but that his blood pressure has been stable. He has issues with indigestion, heart burn and abdominal pain that is improved.

Mr. Lately typically wears a condom catheter. He has had issues with penile sores in the past. He recently was hospitalized for kidney stones and has had a suprapubic catheter that was placed in May.

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He denies any previous history of kidney stones prior to the spinal cord injury. Mr. and Ms. Lately report that the catheter will be removed eventually and he will go back to wearing the condom catheters. Mr. and Ms. Lately report he was getting urinary tract infections every two to three months. He has required straight cathing and indwelling foley catheters in the past.

Mr. Lately is on a bowel program that consists of stool softeners daily and as needed enemas or suppositories given by his wife. He typically has a bowel movement daily. Pre accident he had a bowel movement every other day. Mr. Lately has sexual dysfunction. He was very sexually active pre accident, more than five times per week. He has not been able to be intimate after the accident and is unable to get an erection. The home health aide reports that he will spontaneously get partial erections with changing of his depends.

Mr. Lately denies any cognitive or psychosocial issues since the accident. Ms. Lately reports that he is fussier, has increased agitation, irritability, is easily frustrated, verbal outburst, sleep disturbance, anger, and change in weight. He doesn't feel like he has any short or long term memory loss. Ms. Lately reports that Mr. Lately has some issues with expressing. He doesn't understand things at times. He has writing and typing issues. He is just now able to sign an M and an L for his name now. He is unable to bend his fingers.

SOCIAL INFORMATION

Mr. Lately attended high school in Detroit but did not graduate. He had been working full time as a tow motor driver, working often six to seven days per week, 12 hour shifts. He has been unable to work since the accident.

Mr. Lately has been married to Christine Lately for 34 years. Ms. Lately works night shifts at Venture General Motor Company as an inspector. She's been there for 12 years and works 40 plus hours per week. Mr. and Ms. Lately have three children together, ages 31, 35, and 36. Mr. Lately has several other children from other relationships. Mr. Lately has 11 grandchildren aging from two years old up to 18 years old. Ms. Lately will take the kids over to Mr. Lately to visit.

Mr. Lately does not drink alcohol. He smokes cigarettes when someone is there to help him. He was on a marijuana pill to stimulate appetite but is off of that now.

Mr. and Ms. Lately describe his personality before the accident as energetic, he loved to dance, loved music, playing basketball, enjoyed being very physical, working out, loved to work, and enjoyed martial arts. He currently is very frustrated that this happened. He has no hobbies now. He does report that he plays chess with his friend, Mark. He states he used to be really good at chess and would be able to think multiple steps ahead, and now isn't as good and can't think of the next steps.

On a typical day, he will wake up, is fed breakfast once the aide arrives, gets cleaned up if he's had a bowel movement, and gets a bed bath by the aide. He typically is in bed but will sometimes get up into the wheelchair once per day, is fed lunch and returns back to the bed. His wife typically comes over when the aide leaves, feeds him dinner, and then he stays up watching tv shows. His grandkids will often stay the night with him.

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Mr. and Ms. Lately were separated and living in separate places prior to the accident. Mr. Lately rents his current home. His current support system is Ms. Lately, home health aides, and family. His goal is to remain in his own house and he has no plans to move back in with Ms. Lately.

COLLABORATION

Physical Medicine and Rehabilitation Specialist, Marc Orlando, MD performed an Independent Medical Examination of Mr. Lately on July 24, 2023. In his report, he made recommendations for future medical needs. Based on collaboration with Dr. Orlando and his report, the recommendations are outlined below and included in the Life Care Plan tables.

This Life Care Planner attempted to collaborate with Mr. Lately's treating providers including Dr. Gloria Johns, Dr. Mark Noble, and Dr. Nicole Danner, but have been unsuccessful to date.

This Life Care Planner reached out to Bellevue Hospital Rehabilitation Services on August 21, 2023 and spoke to one of his physical therapists, Tony via a phone call. Tony reported that Mr. Lately needed assistance to stand from sitting position. He was an assist to set up. They always used two people for transfers and ambulation. He reported that Mr. Lately's legs would start shaking after walking too far and he would need to sit down. He was able to get up to approximately 60 feet per his recollection but started out much lower than that. He noted Mr. Lately was a moderate to maximal assist to transfer to and from the bed. Therapy was working on spasticity and strength training. He reported that he noticed improvement from the Botox injections the second time around as it related to his spasticity.

LIFE CARE PLAN RECOMMENDATIONS

Michael Lately has ongoing needs for care, services, and equipment since the motor vehicle accident and on June 27, 2020. This Life Care Plan will serve to outline those needs and their associated costs. These recommendations are based upon my education, training, and experience as a Registered Nurse and Certified Nurse Life Care Planner. These recommendations are also based on collaboration with Dr. Orlando along with his Independent Medical Examination report. In the event that Mr. Lately's condition should change significantly or I am provided with additional information, I reserve the right to revise or supplement this report.

Dr. Orlando notes in his report that he expects Mr. Lately will have a decreased life expectancy. The National Vital Statistics Reports United States Life Tables (Volume 71, Number 1, August 8, 2022, Table 2) was utilized to determine Mr. Lately's life expectancy. According to the life table for males between ages 67 and 68, Mr. Lately is anticipated to live an additional 15.7 years, or to the age 82. An additional 15 years was used for costing purposes. Subsequently, the ending year for life care plan items needed throughout his lifetime is 2038. This does not constitute an opinion regarding his life expectancy.

MEDICAL CARE

Mr. Lately will require medical care since the motor vehicle accident to prevent complications and promote the best outcome. Dr. Orlando recommends ongoing medical care including additional primary care visits, physiatry, psychiatry, pain management, orthopedic surgery, neurology, urology, endocrinology, neurosurgery, and wound specialists. Dr. Orlando recommends additional blood work as

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well as urine samples due to his increased risk and history of urinary tract infections. Due to the increased rate of pituitary dysfunction related to his traumatic brain injury, he will also need pituitary labs to monitor and assess for deficiencies and the possible need for medication. Dr. Orlando recommends ongoing spine imaging, head CTs, bone density scans, and doppler studies.

Mr. Lately takes baclofen daily and continues to have ongoing issues with spasticity and contractures. Dr. Orlando recommends a baclofen pump, which has been previously discussed with him by his providers. Dr. Orlando recommends ongoing Botox therapy to his extremities to help decrease spasticity. Dr. Orlando notes that Mr. Lately will more likely than not need at least one level extension of his ACDF currently at C3-5.

MEDICATIONS

Mr. Lately's current medications include:

- Neurontin 300mg, by mouth, three times daily
- Senna 8.6mg, by mouth, nightly
- Oxybutynin 5mg, by mouth, three times daily
- Baclofen 10mg, by mouth, three times daily
- Baclofen 20mg, by mouth, three times daily
- Diclofenac 50mg, by mouth, two times daily
- Ferrous sulfate, by mouth, daily
- Duloxetine 30mg, by mouth, daily (should be taking but often refuses)
- Suppository as needed for constipation

Dr. Orlando recommends ongoing use of these medications lifelong. He is currently taking medications related to his kidney stones; however, these are for a short time and not needed lifelong and not included in the cost tables. Dr. Orlando reports that neurology will likely recommend Namenda or Aricept in the last ten years of life due to dementia risk with moderate traumatic brain injury, however, these will not be included in the cost tables.

HOME CARE

Mr. Lately currently has a home health aide four hours per day five days a week. He has skilled nursing come one to two times per week to look at his wound and perform dressing changes. He was having physical therapy coming to his house twice per week but it hasn't restarted since his surgery. They stopped his occupational therapy as he stopped progressing with his hands. Mr. Lately feels that he has better outcomes and sees more improvements when he is in outpatient therapy versus home therapy. Mr. Lately must rely on his wife and granddaughter for support when the home health aide isn't there. Ms. Lately works third shift typically from 9:30pm until 5:30am or 9:30pm until 9:30am. She will sleep when she gets home and then goes over to Mr. Lately's house to help him for several hours. Typically, his granddaughter will spend the night. Ms. Lately reports she has her own medical issues and is unable to care for him properly due to her medical issues and strength. In the event of an emergency, Mr. Lately would be unable to exit his home safely or quickly. Mr. Lately is unable to bathe himself, perform bowel or bladder care, turn independently in bed, transfer or ambulate without assistance. He is unable to meal prep, cook, clean up, perform any home maintenance, lawn care, laundry, or housekeeping since his spinal cord injury.

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Mr. Lately needs 24/7 supervision in the form of a home health aide to perform his bowel and bladder program, help with transfers, meal set up and feed, clean up, laundry, light housework, running errands, grocery shopping, bathing, dressing, and to keep up with his home exercise program. A skilled nurse is needed for wound care assessments, medication set up, and monitoring of bladder symptoms.

THERAPY

Mr. Lately has undergone numerous visits with inpatient therapy while hospitalized, acute rehabilitation, home therapy and outpatient therapy. He feels he benefits the most when he's receiving outpatient therapy or while in inpatient rehab. Mr. Lately will need ongoing intensive physical therapy and occupational therapy to continue to work on range of motion to prevent contractures and increase flexibility, durable medical equipment recommendations, strength, safe transfers, and update home exercise program. Dr. Orlando also recommends speech therapy over his lifetime for cognitive deficits related to the traumatic brain injury. Mr. Lately was very active pre accident and enjoyed sports, martial arts, and was in the gym constantly. Dr. Orlando recommends recreational therapy over his lifetime to help treat and maintain Mr. Lately's physical, mental, and emotional well-being to reduce depression, stress, and anxiety. Dr. Orlando recommends one neuropsychological evaluation over his lifetime along with psychotherapy.

DURABLE MEDICAL EQUIPMENT/SUPPLIES

Mr. Lately currently has a hospital bed that consists of two mattresses on top of each other, a regular manual wheelchair that was donated to him that is not equipped for his current needs, a motorized wheelchair that is at his wife's house because he doesn't have enough room in his home, a platform walker, crank Hoyer lift that is hard to operate, bedside table, bedside commode, a shower grab bar, and gloves for his hand contractures. He has wound dressing supplies for his sacral pressure ulcer. Supplies also include gloves and peri pads. He will continue to need ongoing therapeutic and adaptive equipment to maintain independence, decrease complications, improve community accessibility, and improve quality of life.

HOME MODIFICATIONS

Mr. Lately is currently renting a mobile home for \$400 per month that does not include utilities. His current home is roughly 900 square feet and includes one bedroom and one bathroom. He is not able to sleep in or enter his bedroom as it has narrow doorways and is too small to maneuver around. He has his hospital bed in the family room. There is no room for a couch in the family room due to its size and the size of the hospital bed, and there are several chairs around the bed along with the dog cage and a tv stand. There is one lip to enter the house with a nook area to the right that currently has some durable medical equipment and supplies. The bathroom does have a shower grab bar with one step to enter the shower with a low toilet. There are narrow doorways. He is unable to navigate his power wheelchair due to the home's size and layout.

Mr. Lately wants to continue to live independently in his own home. He is currently renting a home that is not handicap accessible. The cost tables include the difference in costs for a handicap accessible apartment in the Bellevue area and what he was already paying in rent.

TRANSPORTATION

Mr. Lately was driving independently prior to the accident. He is no longer able to drive and due to his hand contractures, stiffness, and spasticity along with his cognitive deficits would likely not be able to

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operate handicap controls to return to driving. A handicap accessible van is included in the life care plan that can be driven by the home health aides for doctor's appointment, running errands and recreational activities.

NURSING DIAGNOSIS

A nursing diagnosis is defined by the North American Nursing Diagnosis Association (NANDA) International as a clinical judgement concerning a human response to health conditions/life processes, or a vulnerability for that response, by an individual, family, group, or community. A nursing diagnosis provides the basis for selection of nursing interventions to achieve outcomes for which the nurse has accountability (NANDA International, 2013).

- Ineffective health maintenance behaviors
- Urinary retention
- Constipation
- Diarrhea
- Decreased activity tolerance
- Risk for disuse syndrome
- Impaired bed mobility
- Impaired physical mobility
- Impaired wheelchair mobility
- Impaired sitting
- Impaired transfer ability
- Impaired standing
- Fatigue
- Risk for thrombosis
- Bathing self-care deficit
- Dressing self-care deficit
- Toileting self-care deficit
- Deficient knowledge
- Hopelessness
- Risk for chronic low self-esteem
- Risk for caregiver role strain
- Impaired social interaction
- Risk for powerlessness
- Risk for infection
- Risk for adult falls
- Risk for injury
- Risk for urinary tract injury
- Risk for adult pressure injury
- Risk for impaired skin integrity
- Impaired comfort
- Chronic pain
- Risk for loneliness

COMPLICATIONS

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As an individual who has suffered from the above diagnoses, Mr. Lately will always be at risk for potential complications, which include, but not limited to the following:

- Urinary tract infections
- Falls
- Kidney/bladder stones
- Osteoporosis
- Hydronephrosis
- Deep venous thrombosis
- Muscle spasticity
- Contractures
- Worsening depression
- Social Isolation

CONCLUSIONS

Careful consideration has been given to all the data obtained to prepare this Life Care Plan Report. Attached to this report is Appendix "A", which outlines the necessary services that Mr. Lately will require throughout his lifetime to promote independence and to prevent complications. This plan does not include costs for complications. Calculations are based in current year dollars. Inflationary or growth factors are not reflexed in Appendix A, cost charts.

After you have had the opportunity to review this report and cost appendix, please contact me if you have any questions.

Respectfully Submitted,

Kate L. Smith BSN, RN, CNLCP, LCP-C
Certified Nurse Life Care Planner

Attachment: Appendix "A": Cost Analysis
National Vital Statistics Reports United States Life Table

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LIFE CARE PLAN

APPENDIX “A”

Date of Birth: December 20, 1955
Date of Loss: June 27, 2020
Date of Assessment: July 23, 2023
Date of Report: August 22, 2023

Diagnoses: Motor Vehicle Crash; Incomplete C4 Quadriplegia Status Post C3 to C5 Decompression and Fusion; Moderate Traumatic Brain Injury; Central Cord Syndrome; Neurogenic Bowel; Neurogenic Bladder; Blood Loss Anemia; Hypotension from Quadriplegia; Orbital Wall Fracture; Acute Respiratory Failure; Dysphagia; Cognitive Impairment; Spastic Quadriplegia; Depression; Protein Calorie Malnutrition; Gait Abnormality; Urinary Tract Infection; Kidney Stones; Acute Urinary Retention; Pressure Ulcer of Sacral Region; Insomnia; Cervical Myelopathy; C2 ASIA C Spinal Cord Injury; Contractures; Spasticity; Chronic Pain; Chronic Neuropathic Pain; Deconditioning

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MEDICAL CARE

Recommendation	Purpose	Duration	Frequency/ Replacement	Unit Cost	Freq #	Total	Cost Resource
Primary Care Physician	Extraordinary care, overall monitoring of medical needs related to SCI, referrals as needed	Life Expectancy	2 to 4 additional times per year	\$165.51	45	\$7,447	Context 4 Healthcare
Physiatrist	Monitor and recommend spasticity treatment, durable medical equipment, physical and occupational therapy, global oversight of needs related to SCI	Life Expectancy	4 times per year	\$241.90	60	\$14,514	Context 4 Healthcare
Pain Management	Chronic pain, refill baclofen pump	Life Expectancy	4 to 6 times per year	\$333.64	75	\$25,023	Context 4 Healthcare
Orthopedist	Overuse syndrome	Life Expectancy	8 to 10 times over LE	\$165.51	9	\$1,489	Context 4 Healthcare
Neurology	Traumatic brain injury, late onset seizures, dementia, movement disorders, risk of falls and injury, Botox injections	Life Expectancy	Every 3 months	\$155	60	\$9,300	Advanced Neurologic Associates, Inc. Billing Records 09/28/22
Urology	Neurogenic bladder	Life Expectancy	2 times per year	\$165.51	30	\$4,965	Context 4 Healthcare
Psychiatry	Medication management and counseling oversight	Life Expectancy	Yearly	\$241.90	15	\$3,628	Context 4 Healthcare
Endocrinology	Risk of pituitary dysfunction related to traumatic brain injury	Life Expectancy	3 to 5 over LE	\$165.51	4	\$662	Context 4 Healthcare
Wound Specialist	Decubitus ulcers	Life Expectancy	36 visits every 3 years	\$165.51	180	\$29,791	Context 4 Healthcare
Podiatry	Nail trimming	Life Expectancy	Every 8 to 10 weeks	\$43.97	80	\$3,517	Context 4 Healthcare

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Recommendation	Purpose	Duration	Frequency/ Replacement	Unit Cost	Freq #	Total	Cost Resource
Neurosurgery	Monitoring of imaging of cervical spine as it relates to fusion, adjacent surgery needs	Life Expectancy	Yearly	\$165.51	15	\$2,482	Context 4 Healthcare

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SURGERIES/PROCEDURES

Recommendation	Purpose	Start/ Duration	Frequency/ Replacement	Unit Cost	Freq #	Total	Cost Resource
Cervical Fusion	Adjacent segment disease	Life Expectancy	Once over LE	\$82,084.23	1	\$82,084	Context 4 Healthcare
Baclofen Pump Trial	Spasticity	Life Expectancy	Once over LE	\$3,720	1	\$3,720	The Bellevue Hospital Chargemaster
Baclofen Pump Implant	Spasticity	Life Expectancy	Once over LE	\$59,284.82	1	\$59,284	Find-A-Code
Baclofen Pump Replacement	Routine replacement of pump and battery	Life Expectancy	Every 5 to 7 years	\$60,450.54	2	\$120,901	Find-A-Code
Botox Injections	Tone and spasticity	Life Expectancy	Every 3 months	\$4,932	60	\$295,920	Advanced Neurologic Associates, Inc. Billing Records from 10/06/22 and 01/05/23
Preoperative Workup	Routine preoperatively	Life Expectancy	Preoperatively	\$584.95	4	\$2,339	Context 4 Healthcare

Comments: Cervical fusion, baclofen pump implant, and baclofen pump replacement surgery costs all include the physician fee, facility fee, and anesthesia fee. It does not include any complications, medications, or rehabilitation needs.

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THERAPEUTIC EVALUATIONS AND MODALITIES

Recommendation	Purpose	Start/Duration	Frequency/Replacement	Unit Cost	Freq #	Total	Cost Resource
Psychotherapy	Coping with diagnoses of spinal cord injury and traumatic brain injury	2023-2026	24 visits per year	\$138.50	72	\$9,972	Context 4 Healthcare
		2026-2038	12 visits per year	\$138.50	144	\$19,944	
Neuropsychological Evaluation	Determine severity of cognitive dysfunction	Life Expectancy	Once over LE	\$3,019	1	\$3,019	Physicians' Fee Reference 2023
Physical Therapy Evaluation	Assess therapy needs and equipment needs	Life Expectancy	Yearly	\$214.23	15	\$3,213	Find-A-Code
Physical Therapy Sessions	To improve strength, balance, range of motion, flexibility, and create a home exercise program	Life Expectancy	36 to 48 sessions yearly	\$199.18	630	\$125,483	Find-A-Code
Occupational Therapy Evaluation	Assess therapy and equipment needs	Life Expectancy	Yearly	\$215.64	15	\$3,234	Find-A-Code
Occupational Therapy Sessions	To improve strength, independence with self-care and activities of daily living, flexibility, and create a home exercise program	Life Expectancy	36 to 48 sessions yearly	\$205.81	630	\$129,660	Find-A-Code
Speech Therapy Evaluation	Assess cognitive needs	Life Expectancy	3 times over LE	\$251	3	\$753	The Bellevue Hospital Chargemaster
Speech Therapy Sessions	Cognitive needs	Life Expectancy	12 to 24 visits, 3 times over LE	\$144.67	54	\$7,812	Find-A-Code
Recreational Therapy Sessions	Improve or maintain physical, cognitive, social, emotional, and spiritual functioning	Life Expectancy	24 to 36 sessions over LE	\$71.78	30	\$2,153	Find-A-Code

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Recommendation	Purpose	Start/ Duration	Frequency/ Replacement	Unit Cost	Freq #	Total	Cost Resource
Wheelchair Seating Evaluation	Prescribe appropriate wheelchair and seating configuration	Life Expectancy	Every 6 years	\$527.71	2	\$1,055	Physicians' Fee Reference 2023

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DIAGNOSTIC STUDIES & LAB WORK

Recommendation	Purpose	Duration	Frequency Replacement	Unit Cost	Freq #	Total	Cost Resource
Complete Blood Count	Monitor for side effects of medications, infection	Life Expectancy	2 to 4 additional times per year	\$43.02	45	\$1,935	Physicians' Fee Reference 2023
Comprehensive Metabolic Panel	Monitor for side effects of medications	Life Expectancy	2 to 4 additional times per year	\$65.96	45	\$2,968	Physicians' Fee Reference 2023
Sedimentation Rate	Inflammation	Life Expectancy	4 to 6 times over LE	\$35.37	5	\$176	Physicians' Fee Reference 2023
C-Reactive Protein	Inflammation	Life Expectancy	4 to 6 times over LE	\$71.70	5	\$358	Physicians' Fee Reference 2023
Urinalysis and Culture and Sensitivity	Urinary tract infections, determine correct antibiotic	Life Expectancy	4 to 6 per year	\$86.04	75	\$6,453	Physicians' Fee Reference 2023
IGF-1	Monitor for pituitary dysfunction	Life Expectancy	2 times over LE	\$150.86	2	\$301	Context 4 Healthcare
Prolactin	Monitor for pituitary dysfunction	Life Expectancy	2 times over LE	\$127.35	2	\$254	Context 4 Healthcare
Vitamin D	Deficiency related to impaired mobility and osteoporosis	Life Expectancy	4 to 6 times over LE	\$196.88	5	\$984	Context 4 Healthcare
Cortisol	Monitor for pituitary dysfunction	Life Expectancy	2 times over LE	\$95.14	2	\$190	Context 4 Healthcare
Free and Total Testosterone	Monitor for pituitary dysfunction	Life Expectancy	2 times over LE	\$369.97	2	\$739	Physicians' Fee Reference 2023
Thyroid Stimulating Hormone	Monitor for pituitary dysfunction	Life Expectancy	2 times over LE	\$125.23	2	\$250	Physicians' Fee Reference 2023
Botox Antibodies	Monitor for Botox antibodies	Life Expectancy	2 times over LE	\$104.20	2	\$208	Physicians' Fee Reference 2023

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Recommendation	Purpose	Duration	Frequency Replacement	Unit Cost	Freq #	Total	Cost Resource
Cervical X-Ray	Cervical fusion	Life Expectancy	Yearly	\$201.79	15	\$3,026	Context 4 Healthcare
Cervical MRI	Cervical fusion	Life Expectancy	Every 5 years	\$2,710.94	3	\$8,132	Context 4 Healthcare
Head CT	Risk of falls and injury	Life Expectancy	4 to 6 over LE	\$1,150.15	5	\$5,750	Find-A-Code
Bone Density Scan	Monitor for osteoporosis related to impaired mobility	Life Expectancy	Every 2 years	\$552.56	7	\$3,867	Physicians' Fee Reference 2023
Venous Doppler Study	Deep venous thrombosis due to impaired mobility	Life Expectancy	4 to 6 over LE	\$608.01	5	\$3,040	Physicians' Fee Reference 2023
Urodynamics	Neurogenic bladder	Life Expectancy	2 over LE	\$2,650.20	2	\$5,300	Context 4 Healthcare
KUB	Neurogenic bladder	Life Expectancy	Yearly	\$177.30	15	\$2,659	Context 4 Healthcare
Renal Ultrasound	Neurogenic bladder	Life Expectancy	Yearly	\$499.96	15	\$7,499	Context 4 Healthcare

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MEDICATIONS

Recommendation	Purpose	Duration	Frequency/ Replacement	Unit Cost	Freq #	Total	Cost Resource
*Gabapentin 300mg	Nerve pain	Life Expectancy	3 times per day	\$79 per month (Quantity 90)	180	\$14,220	GoodRx- Walmart
Senna 8.6mg	Neurogenic bowel	Life Expectancy	Nightly	\$19.99 per bottle (Quantity 100)	54	\$1,079	Walgreens
*Oxybutynin 5mg	Neurogenic bladder	Life Expectancy	3 times per day	\$63 per month (Quantity 90)	180	\$11,340	GoodRx-Walgreens
*Baclofen 10mg	Spasticity	Life Expectancy	3 times per day	\$43 per month (Quantity 90)	180	\$7,740	GoodRx- Meijer
*Baclofen 20mg	Spasticity	Life Expectancy	3 times per day	\$75 per month (Quantity 90)	180	\$13,500	GoodRx-Walgreens
*Diclofenac 50mg	Chronic pain	Life Expectancy	2 times per day	\$37 per month (Quantity 60)	180	\$6,660	GoodRx- Meijer
*Ferrous Sulfate	Anemia	Life Expectancy	Daily	\$9 per month (Quantity 30)	180	\$1,620	GoodRx- Walgreens
Dulcolax Suppository	Neurogenic bowel	Life Expectancy	As needed for constipation	\$11.98 per box (Quantity 8)	180	\$2,156	Walgreens
*Duloxetine 30mg	Depression	Life Expectancy	Daily	\$163 per month (Quantity 30)	180	\$29,340	GoodRx- Discount Drug Mart
Baclofen pump refills	Spasticity	Life Expectancy	Every 2 to 3 months	\$438.09 per refill	75	\$32,856	Context 4 Healthcare

Comments: *Generic price used.

Senna and Dulcolax suppositories are over the counter. Dulcolax suppository refills are based on needing one box per month.

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MEDICAL SUPPLIES

Recommendation	Purpose	Duration	Frequency/ Replacement	Unit Cost	Freq #	Total	Cost Resource
Condom Catheters	Neurogenic bladder	Life Expectancy	Daily	\$134.06 (Quantity 100)	54	\$7,239	Vitality Medical
Foley Bags	Neurogenic bladder	Life Expectancy	Every 2 weeks	\$101.64 (Quantity 20)	18	\$1,829	Vitality Medical
Gloves	Incontinence care	Life Expectancy	2 boxes per month	\$14.88 per box (Quantity 100)	360	\$5,356	Vitality Medical
Incontinence Pads	Incontinence care	Life Expectancy	2 pads per day	\$49.93 per case (Quantity 300)	36	\$1,797	Vitality Medical

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DURABLE MEDICAL EQUIPMENT/AIDS FOR INDEPENDENT FUNCTION

Recommendation	Purpose	Start/Duration	Frequency/ Replacement	Unit Cost	Freq #	Total	Cost Resource
Hospital Bed	Help facilitate care	2030-2038	Every 10 years	\$2,271.72	1	\$2,271	Find-A-Code
Low Air Loss Mattress	Decubitus ulcer prevention	Life Expectancy	Every 3 years	\$449.99	6	\$2,699	DME Supply USA
Electric Patient Lift	Facilitate safe transfers	Life Expectancy	Every 8 years	\$2,493	2	\$4,986	Med Mart
Lift Slings	Facilitate safe transfers	2024-2038	2 every 2 years	\$94.95 (One sling)	16	\$1,519	Med Mart
Bedside Commode	Safe toileting, increased independence	2025-2038	Every 5 years	\$250	3	\$750	Spinlife
Raised Toilet Seat	Safe toileting	Life Expectancy	Every 5 years	\$74.99	4	\$299	Amazon
Bedside Table	Increase independence while in bed or chair	2025-2038	Every 5 years	\$57.79	3	\$173	Walmart
Handheld Shower Handle	Bathing assistance	Life Expectancy	Every 5 years	\$61.25	4	\$245	Rehabmart
Shower/Bath Grab Bars	Safety	Life Expectancy	2 per LE	\$89.96	1	\$89	Home Depot
Standing Frame	Increase lower extremity strength and mobility, prevent osteoporosis	Life Expectancy	Every 5 years	\$3,578	4	\$14,312	Spinlife
Recliner Lift Chair	Facilitate safe transfers	Life Expectancy	Every 10 years	\$1,444	2	\$2,888	Med Mart

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Recommendation	Purpose	Start/Duration	Frequency/ Replacement	Unit Cost	Freq #	Total	Cost Resource
Environmental Control Unit	Ease in controlling house lighting, temperature, fans, electronics	Life Expectancy	Every 7 to 10 years	\$10,000	2	\$20,000	Masterpiece Audio Video

Comments: Mr. Lately currently has a crank Hoyer lift that is difficult to crank. An electric patient lift is included in the life care plan tables beginning in 2023.

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ORTHOSES

Recommendation	Purpose	Duration	Frequency/ Replacement	Unit Cost	Freq #	Total	Cost Resource
Bilateral Custom KAFOs	Support and stabilize knee, ankle and foot for safe transfers and ambulation	Life Expectancy	Every 2 to 5 years	\$12,940 per pair	4	\$51,760	Find-A-Code

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MOBILITY/WHEELCHAIR EQUIPMENT

Recommendation	Purpose	Duration	Frequency/ Replacement	Unit Cost	Freq #	Total	Cost Resource
Motorized Wheelchair	Mobility assistance	2026-2038	Every 6 years	\$16,094	3	\$48,282	Med Mart
Cushion for Power Wheelchair	Prevent skin breakdown	2026-2038	Every 3 years	\$420	5	\$2,100	Allegro Medical
Wheelchair Maintenance	Routine wear and tear	Life Expectancy	Yearly except in replacement years	\$1,609	12	\$19,308	Annual maintenance is typically 10% of wheelchair purchase price
Custom Fit Manual Lightweight Wheelchair	Mobility assistance	Life Expectancy	Every 5 years	\$1,242.88	4	\$4,971	Find-A-Code
Cushion for manual wheelchair	Prevent skin breakdown	Life Expectancy	Every 3 years	\$420	6	\$2,520	Allegro Medical
Platform Walker	Mobility assistance	2025-2038	Every 5 years	\$315.97	3	\$947	Walmart
Portable Ramp	Increase accessibility in community	Life Expectancy	Every 10 years	\$348.99	2	\$697	Lowes

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HOME CARE/LIVING ARRANGEMENTS

Recommendation	Purpose	Start/Duration	Frequency	Unit Cost	Total	Cost Resource
Handicap Accessible Apartment	Currently renting a one bedroom, one bathroom house with limited wheelchair mobility	Life Expectancy	Monthly	\$892/month	\$160,560	Range of sources
Home Health Aide	Personal care, hygiene, all activities of daily living, transfers, bowel and bladder program, meal prep, light cleaning, medication assistance, transportation	Life Expectancy	24 hours per day	\$25-\$36 per hour	\$4,007,700	Range of local providers and Genworth Cost of Care Survey
Skilled Nurse	Organize medications, assess condition, skin assessment, wound care program	Life Expectancy	Every 1 to 2 weeks	\$75-\$160 per visit	\$42,300-\$84,600	Range of local providers

Comments: Currently, Mr. Lately is residing in a one bedroom one bathroom mobile home with limited mobility, narrow doorways, and an inability to utilize his bedroom or bathroom. He has no plans to move back in with Ms. Lately. He currently pays \$400 per month, not including utilities. The average cost of a handicap accessible apartment near the Bellevue Ohio is a range from \$965 per month up to \$1,619 per month. A cost of \$1,292 per month was used for purposes of this report. The difference between in cost of a handicap accessible apartment and his current home is \$892 additional dollars per month.

Mr. Lately needs assistance with all activities of daily living, including bathing, dressing, grooming, meal preparation, clean up, feeding, transferring, toileting, laundry, transportation, house cleaning, lawn care, and maintenance. In the event of an emergency such as a fire, he would not be able to safely exit his home without assistance. He will require 24/7 home health aide for assistance in ADLs, light house cleaning, medication assistance, and running errands. The aide can also transport Mr. Lately in the handicap accessible van to his doctor's appointments, therapy, and recreational activities. A skilled nurse is recommended to organize his medications, assess his overall condition, and perform skin assessments and wound care with decubitus ulcers.

Michael Lately- Life Care Plan
 Date of Birth: December 20, 1955
 Date of Assessment: July 23, 2023
 Date of Report: August 22, 2023

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TRANSPORTATION

Recommendation	Purpose	Duration	Frequency	Unit Cost	Total	Cost Resource
Handicap Accessible Van	Increase ease of transportation, community access	Every 10 years	2	\$75,000	\$150,000	Range of local dealerships

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OTHER

Recommendation	Purpose	Duration	Frequency	Unit Cost	Total	Cost Resource
Cleaning Service	Deep cleaning of the house	Life Expectancy	2 times per month	\$60-\$100 per visit	\$28,800	Range of local sources
Home Maintenance/Lawn Care	n/a	n/a	n/a	n/a	n/a	n/a
Nurse Case Manager	Coordinate medical and community needs	Life Expectancy	4 to 6 hours per month	\$75-\$125 per hour	\$90,000	Range of local sources

Comments: Home maintenance and lawn care are provided by the apartment complex and therefore, are not included in the cost tables.

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COST SUMMARY TABLE

The table to follow outlines the total costs for each area in Mr. Lately's Life Care Plan. The cost figures are presented in "today's dollars" and do not take into consideration any inflationary issues, as that would require the expertise of an economist.

Recommendations	Lifetime Cost
Medical Care	\$102,818
Surgeries/Procedures	\$564,248
Therapeutic Evaluations and Modalities	\$306,298
Diagnostic Studies & Lab Work	\$54,089
Medications	\$120,511
Medical Supplies	\$16,221
Durable Medical Equipment/Aids for Independent Function	\$50,231
Orthoses	\$51,760
Mobility/Wheelchair Equipment	\$78,825
Home Care/Living Arrangements	\$4,210,560-\$4,252,860
Transportation	\$150,000
Other	\$118,800
Grand Total	\$5,824,361-\$5,866,661

Total costs are rounded down to the nearest dollar.

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Table 2. Life table for males: United States, 2020—Con.

Spreadsheet version available from: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/NVSR/71-01/Table02.xlsx.

Age (years)	Probability of dying between ages x and $x + 1$	Number surviving to age x	Number dying between ages x and $x + 1$	Person-years lived between ages x and $x + 1$	Total number of person-years lived above age x	Expectation of life at age x
	q_x	l_x	d_x	L_x	T_x	e_x
60–61.....	0.013599	82,736	1,125	82,174	1,700,138	20.5
61–62.....	0.014668	81,611	1,197	81,013	1,617,964	19.8
62–63.....	0.015723	80,414	1,264	79,782	1,536,951	19.1
63–64.....	0.016751	79,150	1,326	78,487	1,457,169	18.4
64–65.....	0.017793	77,824	1,385	77,132	1,378,682	17.7
65–66.....	0.018910	76,439	1,445	75,717	1,301,551	17.0
66–67.....	0.020241	74,994	1,518	74,235	1,225,834	16.3
67–68.....	0.021617	73,476	1,588	72,682	1,151,599	15.7
68–69.....	0.023122	71,888	1,662	71,057	1,078,917	15.0
69–70.....	0.024700	70,226	1,735	69,358	1,007,860	14.4
70–71.....	0.026327	68,491	1,803	67,589	938,502	13.7
71–72.....	0.028145	66,688	1,877	65,749	870,913	13.1
72–73.....	0.030318	64,811	1,965	63,828	805,163	12.4
73–74.....	0.032487	62,846	2,042	61,825	741,335	11.8
74–75.....	0.036455	60,804	2,217	59,696	679,510	11.2
75–76.....	0.039507	58,588	2,315	57,430	619,814	10.6
76–77.....	0.043893	56,273	2,470	55,038	562,384	10.0
77–78.....	0.048013	53,803	2,583	52,511	507,346	9.4
78–79.....	0.053409	51,220	2,736	49,852	454,835	8.9
79–80.....	0.058234	48,484	2,823	47,072	404,983	8.4
80–81.....	0.064014	45,661	2,923	44,199	357,910	7.8
81–82.....	0.070301	42,738	3,005	41,236	313,711	7.3
82–83.....	0.077280	39,733	3,071	38,198	272,475	6.9
83–84.....	0.086551	36,663	3,173	35,076	234,277	6.4
84–85.....	0.095951	33,490	3,213	31,883	199,201	5.9
85–86.....	0.107089	30,276	3,242	28,655	167,319	5.5
86–87.....	0.116675	27,034	3,154	25,457	138,663	5.1
87–88.....	0.130906	23,880	3,126	22,317	113,207	4.7
88–89.....	0.146410	20,754	3,039	19,234	90,890	4.4
89–90.....	0.163192	17,715	2,891	16,270	71,656	4.0
90–91.....	0.181227	14,824	2,687	13,481	55,386	3.7
91–92.....	0.200462	12,138	2,433	10,921	41,905	3.5
92–93.....	0.220810	9,705	2,143	8,633	30,984	3.2
93–94.....	0.242150	7,562	1,831	6,646	22,351	3.0
94–95.....	0.264330	5,731	1,515	4,973	15,705	2.7
95–96.....	0.287167	4,216	1,211	3,611	10,731	2.5
96–97.....	0.310455	3,005	933	2,539	7,121	2.4
97–98.....	0.333969	2,072	692	1,726	4,582	2.2
98–99.....	0.357477	1,380	493	1,133	2,856	2.1
99–100.....	0.380747	887	338	718	1,723	1.9
100 and over.....	1.000000	549	549	1,005	1,005	1.8

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.